

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 9/672338	FILING DATE
								APPLICANT(S)	
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/	/	/	/	/		51		
2	/						52		
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47							97		
48							98		
49							99		
50							100		
TOTAL IND.	/		/		/		TOTAL IND.		
TOTAL DEP.	29	↓	29	↓	29	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	30	██████████	30	██████████	30	██████████	TOTAL CLAIMS	██████████	██████████